

ATTACHMENT B

EJ-001

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, State Bar number, and telephone number): Recording requested by and return to: S. MARK STRAIN, Deputy County Counsel SBN 183911 Office of County Counsel 385 North Arrowhead Avenue, 4 th Floor San Bernardino, CA 92415-0140 TEL NO.: (909) 387-5455 FAX NO. (Optional): E-MAIL ADDRESS (Optional): <input checked="" type="checkbox"/> ATTORNEY FOR <input checked="" type="checkbox"/> JUDGMENT CREDITOR <input type="checkbox"/> ASSIGNEE OF RECORD		FOR RECORDER'S USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 West 3rd Street MAILING ADDRESS: 247 West 3rd Street CITY AND ZIP CODE: San Bernardino 92415-0210 BRANCH NAME: San Bernardino Justice Center		
PLAINTIFF: COUNTY OF SAN BERNARDINO DEFENDANT: KATRINA MENELL, et al.,		CASE NUMBER: CIVDS1200623
ABSTRACT OF JUDGMENT—CIVIL AND SMALL CLAIMS <input type="checkbox"/> Amended		FOR COURT USE ONLY <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="font-size: 1.2em; margin: 5px 0;">SEP - 3 2014</div> <div style="font-size: 0.8em;">SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO</div>
1. The <input checked="" type="checkbox"/> judgment creditor <input type="checkbox"/> assignee of record applies for an abstract of judgment and represents the following: a. Judgment debtor's <div style="margin-left: 40px;"> Name and last known address <div style="border: 1px solid black; padding: 5px; width: 300px;"> KATRINA MENELL 2250 W CHESTNUT ST SPC 6 SAN BERNARDINO CA 92410-2073 </div> </div> b. Driver's license no. [last 4 digits] and state: <input checked="" type="checkbox"/> Unknown c. Social security no. [last 4 digits]: 7844 <input type="checkbox"/> Unknown d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address):		
2. <input type="checkbox"/> Information on additional judgment debtors is shown on page 2. 3. Judgment creditor (name and address): COUNTY OF SAN BERNARDINO 385 N ARROWHEAD AVE SAN BERNARDINO CA 92415-0140 Date: September 3, 2014 S. MARK STRAIN, Deputy County Counsel <div style="text-align: center; font-size: 0.8em;">(TYPE OR PRINT NAME)</div>		4. <input type="checkbox"/> Information on additional judgment creditors is shown on page 2. 5. <input type="checkbox"/> Original abstract recorded in this county: a. Date: b. Instrument No.: <div style="text-align: center; margin-top: 20px;"> <div style="text-align: center; font-size: 0.8em;">(SIGNATURE OF APPLICANT OR ATTORNEY)</div> </div>
6. Total amount of judgment as entered or last renewed: \$19,146.34 7. All judgment creditors and debtors are listed on this abstract. 8. a. Judgment entered on (date): August 22, 2014 b. Renewal entered on (date): 9. <input type="checkbox"/> This judgment is an installment judgment.		10. <input type="checkbox"/> An <input type="checkbox"/> execution lien <input type="checkbox"/> attachment lien is endorsed on the judgment as follows: a. Amount: \$ b. In favor of (name and address): 11. A stay of enforcement has a. <input type="checkbox"/> not been ordered by the court. b. <input type="checkbox"/> been ordered by the court effective until (date): 12. a. <input type="checkbox"/> I certify that this is a true and correct abstract of, the judgment entered in this action, b. <input type="checkbox"/> A certified copy of the judgment is attached.
<div style="border: 1px solid black; width: 150px; height: 100px; margin-bottom: 10px;">[SEAL]</div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> This abstract issued on (date): </div>		Clerk, by _____, Deputy

PLAINTIFF: COUNTY OF SAN BERNARDINO DEFENDANT: KATRINA MENELL, et al.	COURT CASE NO.: CIVDS1200623
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NAMES AND ADDRESSES OF ADDITIONAL JUDGMENT CREDITORS:13. Judgment creditor (*name and address*):14. Judgment creditor (*name and address*):15. ☐ Continued on Attachment 15.**INFORMATION ON ADDITIONAL JUDGMENT DEBTORS:**

16. Name and last known address

Driver's license no. [last 4 digits] and state:

☐ Unknown

Social security no. [last 4 digits]:

☐ UnknownSummons was personally served at or mailed to (*address*):

17. Name and last known address

Driver's license no. [last 4 digits] and state:

☐ Unknown

Social security no. [last 4 digits]:

☐ UnknownSummons was personally served at or mailed to (*address*):

18. Name and last known address

Driver's license no. [last 4 digits] and state:

☐ Unknown

Social security no. [last 4 digits]:

☐ UnknownSummons was personally served at or mailed to (*address*):

19. Name and last known address

Driver's license no. [last 4 digits] and state:

☐ Unknown

Social security no. [last 4 digits]:

☐ UnknownSummons was personally served at or mailed to (*address*):20. ☐ Continued on Attachment 20.